



NOTICE OF ELECTION TO PARTICIPATE IN THE OPTIONAL RETIREMENT PROGRAM OR THE TENNESSEE CONSOLIDATED RETIREMENT SYSTEM

Tennessee Consolidated Retirement System
502 Deaderick Street, Nashville, TN 37243-0201

I. TO BE COMPLETED BY EMPLOYEE AND HAVE SIGNATURE WITNESSED BY A NOTARY — Please print or type

1. Social Security No. _____ 2. Birthdate _____ 3. Dept Code _____
(Month Day Year)
4. Name _____
Last First Middle Maiden
5. Address _____
Street or Rural Route City State Zip Code
6. Sex: Male Female 7. Position _____
8. Employer _____ 9. Employment Date: _____
Name of Technical School, College or University (Month Day Year)
10. Date of First Contribution to ORP _____ 11. Have you ever been a member of the TCRS? Yes No
(Month Day Year)
12. If yes, give the name of the Department in which you were employed _____
13. Have you ever made contributions to the ORP through a school or institution located in Tennessee? Yes No
14. If yes, give the name of the school or institution _____
15. Participation Election — Indicate choice by placing a check in the appropriate box

I hereby elect to participate in the **Optional Retirement Program** and, thereby, waive my right to participate in the Tennessee Consolidated Retirement System; **or**

I hereby elect to participate in the **Tennessee Consolidated Retirement System**, and thereby, waive my right, at this time, to participate in the Optional Retirement Program.

This election is made with the understanding that I must participate in either TCRS or the ORP under the following conditions:

1. I cannot participate in both plans at the same time.
2. Election to participate in the ORP is irrevocable as long as employment is continuous. If transferred to another state institution where the ORP is available, I must continue to participate in the ORP.
3. Under current law, a member of TCRS who is eligible to participate in the ORP may elect to transfer prospective membership to the ORP upon complying with specified filing requirements. Employee contributions may be transferred, but employer funds will not be transferred.

I have read the foregoing instrument and have elected to join either the ORP or the Tennessee Consolidated Retirement System and execute a waiver of all prospective benefits in the plan for which I have elected not to join.

Signature of Employee

NOTARIZATION

STATE OF TENNESSEE, COUNTY OF _____

Sworn and subscribed before me this the _____ day of _____, _____.

SEAL

NOTARY PUBLIC

My Commission Expires _____ / _____ / _____
(Month Day Year)

II. TO BE COMPLETED BY TECHNICAL SCHOOL, COLLEGE, OR UNIVERSITY

This is to certify that _____ is classified as EXEMPT from the Fair Labor Standards Act and is NOT a student or temporary employee; therefore he or she has the option to participate in either the ORP or the TCRS in accordance with the provisions of Tennessee Code Annotated, Section 8-35-403. This individual is employed: ☐ Full Time ☐ Part Time

Date

Signature of Institution's Designated Certifying Official

Title